Ifw. PTO/SB/17 (12-04)

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| EHADEMA 1008/2004. | | | Complete if Known | | | | |
|---|--|----------------|--|-----------------------------|-----------------------|---------------------------|--|
| Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) | | | Application Number | |)/800,777 | | |
| FEE TRANSMITTAL | | | Filing Date | M | March 16, 2004 | | |
| For FY 2005 | | | First Named Inventor DAI | | DAIZO FUKUZAWA ET AL. | | |
| Applicant, claims small entity status. See 37 C.F.R. 1.27 | | | Examiner Name | | Christopher W. Fulton | | |
| | | | Art Unit 2859 Attorney Docket No. 03500.01800 | | | | |
| | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | |
| Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | |
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| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity | | | | | | | |
| Application Type | Fee (\$) Fee (| | | Fee(\$) | Fee(\$) | Fees Paid (\$) | |
| Utility Design | 300 15 200 10 | | | 200 130 | 100 65 | | |
| Plant | 200 10 | = | | 160 | 80 | | |
| Reissue | 300 15 | 0 500 | 0 250 | 600 | 300 | - | |
| 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee(\$) Fee(\$) 25 25 20 100 360 180 | | | | | | | |
| Total Claims | Extra Claims | Fee (\$) Fee P | 'aid (\$) | Multiple [| Dependent Clai | <u>ms</u> | |
| | 5 - 20 or HP = 0 x 0 = 0 Fee(\$) Fee Paid (\$) = highest number of total claims paid for, if greater than 20 | | | | | | |
| Indep. Claims | Extra Claims | s Fee(\$) | Fee Paid (\$) | | | | |
| 1 - 3 or HP = 0 x 0 = 0 HP = highest number of independent claims paid for, if greater than 3 | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each | additional 50 or f | raction thereof | Fee (\$ |) Fee Paid (\$) | |
| 100 = / 50 = (round up to a whole number) x = | | | | | | | |
| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other: | | | | | | | |
| | | | | | | | |
| SUBMITTED BY | | | | | | | |
| Signature | 11 | 1/00 | | ration No. ey/Agent) 30, | 110 | Telephone 202-530-1010 | |

Lawrence A. Stahl Date: September 27, 2005 Name (Print/Type) This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paternart Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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